Meeting Report

Moving the Agenda Forward:

A One-Day Forum on Adolescent Health and Development for USAID Staff and External USAID Partners

Thursday, June 8, 2000

POPTECH Assignment Number 2000.179

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June 23, 2000

INTRODUCTION

On June 8, 2000, USAID's Center for Population, Health, and Nutrition (PHN) and USAID's Adolescent Interest Group hosted an all-day meeting in Washington D.C. to discuss adolescent health issues. A total of 85 participants attended the meeting, including 18 from USAID and 65 from outside partner organizations.

The objectives of the meeting were twofold:

- to provide a forum for USAID partners to make suggestions to USAID regarding future adolescent health programming out of the Center for Population, Health, and Nutrition; and
- to explore mechanisms for USAID and its partners to expand the exchange of technical information and experiences in order to encourage incorporation of best practices in adolescent programming.

The forum was structured as a "working" meeting, and used highly participatory techniques—primarily small groups—to elicit the maximum amount of dialogue and exchange of ideas. The POPTECH project provided logistical support for the meeting and POPTECH consultants Tom Leonhardt and James Rosen helped in the meeting's facilitation and design.

MEETING HIGHLIGHTS

Introductory Remarks

Linda Sussman, co-chair of USAID's Adolescent Interest Group, sketched a picture of the enormous challenges facing the field of adolescent reproductive health: 15 million births to young people each year; five young people infected with HIV every minute—adding up to 2.6 million infections a year; 2.0 billion 10-24 year olds by 2025. She reminded the audience that behind these statistics there are individual young people—each with his or her joys, fears, friends, abilities, and potential. In reviewing the meeting objectives, Sussman noted that the Center for Population, Health, and Nutrition is currently designing an adolescent health activity that USAID plans to implement in 2001, and that her expectation is that this meeting provide suggestions to help guide USAID in the project design. She also expressed the hope that the meeting would help USAID explore mechanisms so that USAID can help agencies working in adolescent health share information and lessons learned, and incorporate best practices into adolescent programming.

Paul Hartenberger, director of the Office of Field and Program Support of the PHN Center, representing senior management of the PHN Center, stressed the need for collaboration among agencies, particularly because of the magnitude of worldwide needs and scarcity of funding. In his view, the PHN Center is increasing attention to adolescent health, particularly given the large size of the adolescent group and the range of problems it faces. For USAID, addressing adolescent health is essential to fully achieving the agency's broad development goals, especially as it relates to one of USAID's overarching objectives: stabilizing world population and protecting human health. This objective cannot be achieved with out confronting the problems

of youth, Hartenberger said. Indeed, achieving four of the PHN Center's five goals (reducing unintended pregnancies, reducing maternal deaths, reducing child deaths, and mitigating HIV/AIDS) that support the broader agency objective will depend upon focusing attention on adolescent needs.

The challenges to achieving these goals are real and include:

- *the division of responsibility between USAID's Office of Population and Office of Health.* Adolescent lives cannot be compartmentalized; they cut across the whole spectrum of issues. Meeting their needs represents an important challenge for greater coordination and collaboration within the PHN Center;
- *the need to go beyond the health sector to influence adolescent health through, for example, the education and jobs sector*. USAID's vertical funding structure makes it difficult to respond to such cross-sectoral challenges. The PHN Center needs to push the envelope to address this cross-cutting issue;
- *working better with other donors*. In a major policy breakthrough, UNICEF has identified adolescent health as one of three key themes for its upcoming Summit on the Child. USAID is eager to find new ways to work with traditional and new donors on adolescent issues; and
- *doing a better job of sharing the knowledge and experiences gained to date with adolescent programs*. Research on adolescents has grown and programs have proliferated. However, programs remain politically controversial, mostly small scale, and mostly without rigorous evaluation.

Hartenberger noted that the process to design the new adolescent project is long and complex. As with any new initiative, USAID is looking to its partners for input to help the Agency focus its resources and to contribute to a concept paper that USAID hopes to share widely. Senior management, he noted, will vet the concept paper, propose strategies, and have a strong voice in whether and how the PHN Center moves forward with a new activity. Hartenberger ended his remarks by reminding participants that the PHN program operates in a highly politicized environment. Thus, financial, staffing, and political constraints could influence the ultimate design of any new adolescent activity.

USAID and Adolescent Reproductive Health (ARH): Assessment of Programming Options and Future Directions

Shanti Conly, co-chair of the Adolescent Interest Group focused her remarks on existing USAID adolescent health initiatives. She noted the large need for sexual and reproductive health programs oriented specifically towards youth, because youth are different from adults, lack knowledge and access, and have different needs than adults—particularly when it comes to education and information. Conly emphasized that adolescent needs have been hugely neglected primarily because of their political sensitivity, and that only since the 1994 Cairo Conference have adolescents begun to receive greater attention.

Conly noted that USAID's PHN Center developed its first specialized adolescent reproductive health project in 1995. The ten-year project's aims are: an improved political environment for adolescent health; increased capabilities of USAID and its partners to carry out adolescent

programs; improved tools and technologies; and strategies for expansion developed and implemented. The first phase of the ten-year project is being carried out under a cooperative agreement for the FOCUS on Young Adults project. She noted that FOCUS was funded well below the originally anticipated level. USAID now plans to extend the FOCUS activity through November of 2001.

In mid-1999, the PHN Center began considering what should be done in the second phase of the ten-year program, and carried out an assessment of programming options that reviewed the original program design, FOCUS achievements, and other youth activities. (The full report is available on the web at: http://www.poptechproject.com/reports.htm.) She noted that many other USAID projects—both centrally-funded and those funded through regional bureaus and via bilateral agreements with USAID missions—focus on adolescents. Yet, the assessment found little strategic coordination, relatively few cooperating agency staff with expertise on adolescents, and little rigorous program evaluation. Other donors, particularly the UN system and private foundations also have committed significant resources to adolescent programs.

Since the assessment, USAID staff have formed a team to shape future programming for the Center, and spent much of the last six months addressing gaps in evaluation and documentation of adolescent programs. USAID commissioned Judith Senderowitz to compile a paper elaborating on effective program approaches. The USAID team also has heard from numerous groups implementing youth programs. Key findings over the past six months include:

- a huge unmet need for integrated pregnancy and HIV/STD prevention programs, as well as a range of other needs including maternal health and nutrition;
- the greatest needs are in the 10-19 age group with 10-14 year olds almost totally neglected;
- gender issues are critical;
- a need to emphasize condoms for sexually active unmarried adolescents—still not the norm in many traditional family planning programs;
- the health sector needs to identify how to link to other sectors and specific mechanisms to do so; and
- the adolescent health field needs to work towards a more coordinated and strategic approach and find ways to bring programs to scale.

Approaches to ARH: Moving Forward

Judith Senderowitz, an independent consultant and expert on adolescent reproductive health, highlighted the recommendations of her recent paper commissioned by USAID, *A Review of Program Approaches to Adolescent Reproductive Health*. (The report also is available on the POPTECH website.) The objective of the paper was to review, synthesize, and assess the range of program activities, and to assist the Center in identifying promising program approaches for funding under a new activity. Senderowitz pointed out that many of the program approaches the paper describes encompass more than one of the three major objectives of ARH programming, which include: (1) fostering an enabling environment; (2) improving knowledge, skills, attitudes, and self-efficacy; and (3) improving health-seeking and safer sex practices. Moreover, she emphasized, good programs often combine several program approaches.

The paper highlights effective programs—those that have had some impact on either the target or intermediate audience (such as peer educators), on the environment, or political situation, or on other entities or levels other than adolescents. Across all three objectives there is evidence of impact in developing countries—not equal impact, but impact nonetheless. Senderowitz highlighted the following findings from her review:

- *most of the work in this field has been "projectized."* There are many successful projects, but they haven't continued and haven't expanded. Sustainability and scaling up are, thus, two very important issues; and
- *the need to build on what we have.* If organizations have a model that can work specifically for adolescents, that's a good place to start. Programs are becoming youth friendlier and can get there. However, many implementation problems (e.g., training) compromise the attraction and retention of youth to facilities. Young people prefer not to get their services in medically-oriented clinics. They want to get services—condoms especially—from more informal, comfortable, anonymous sources. We need to put more imagination and resources into finding these comfortable places.

Senderowitz then briefly discussed the main conclusions from her review, summarized as follows:

1. Programs should be conceptualized and designed to move from the current "project mentality" of scattered, one-time efforts into a more sustainable and comprehensive program framework using multiple interventions.
2. Program planners must undertake preparatory actions to foster an enabling environment before introducing an ARH intervention, and select designs appropriate to the community's readiness to support these activities.
3. The choice of partner agencies and the selection and training of staff are critical to achieving ARH program objectives.
4. Youth should be viewed as assets within ARH programs, which should serve them early in adolescence, be responsive to their needs and seek their active involvement.
5. Given the significance of gender dynamics for young women's ability to practice safe sex and establish good reproductive health, program options need to be devised, and successful approaches expanded.
6. Mass media and informal communications can be selectively used at all levels of program readiness and development, and can help programs achieve the three major program objectives related to a supportive environment, enhanced information and skills, and improved health services.
7. Both formal and informal sex/HIV education programs should be increased, going to scale where possible, and, in addition, identify youth-popular venues for reaching young people with needed information.
8. Young people should have access to a variety of commercial, private, NGO, and public health services, where they can receive respectful and confidential treatment for their RH needs.
9. Considerable research is needed to better understand determinants of adolescent risk-taking in developing countries, the potential for alternate venues to provide ARH education and

services, ways in which programs can be expanded and scaled up and more effective ways to conduct research with young people and assess ARH programs.

In response to a question on scaling up, Senderowitz commented that she is coming around to the view that we should only do projects that either have some feasibility of expanding or of having a lasting effect on policy or readiness climate. Although perhaps an extreme view, she remarked that we have an extreme situation where large numbers of adolescents urgently need services.

In answer to a question regarding the degree to which USAID planned to involve country counterparts—both program staff and beneficiaries—in the design of the new activity, Shanti Conly responded that the review paper by Judith Senderowitz is only one piece of what USAID is doing to design the activity. USAID also plans to incorporate feedback from its field missions, and some staff are visiting adolescent programs in developing countries. A consultation also is planned with youth-serving organizations from developing countries. At this point, however, USAID is not planning any systematic consultation with developing country governments.

Responding to a question about the role of adults and the possibility that we are marginalizing their participation in the development and implementation of adolescent programs, Senderowitz emphasized that youth involvement is important but that programs should not marginalize adults. In fact, many peer education programs fail because there is not an adult that kids can turn to or refer peers to when their own knowledge is insufficient.

Envisioning the Future State of Adolescent Health

As a prelude to the work in small groups, meeting facilitator *Tom Leonhardt* asked participants to first undertake an exercise to describe their vision for the state of adolescent health five years from now. In a brainstorming session, participants put forward a remarkably wide range of "visions" which are compiled in summarized form and attached as Annex 3 to this report. The common themes among the future visions included:

- an improvement in health behaviors and outcomes;
- the existence of a supportive environment—from politicians, funders, parents, and the community;
- the elimination of practices that harm adolescents;
- greater autonomy and respect for adolescents; and
- better programs using a more holistic approach to meeting the needs of youth.

Priority Recommendations to USAID for the New Adolescent Activity

Participants formed seven small groups to discuss and respond to the following questions:

1. What should be the priority tasks of a specialized adolescent health activity?
2. What are the best ways to link a specialized adolescent health activity with other adolescent initiatives within the Center for Population, Health, and Nutrition and with USAID regional and bilateral programs?

3. What should be the scope of a new specialized activity? Should USAID limit it to reproductive health or include other health activities and even linkages to other sectors outside of health, such as education and youth livelihoods?
4. How should a new activity address gaps in our knowledge about adolescent programming?
5. Where should USAID put its limited resources vis-a-vis other donors (including private foundations)? How can it better coordinate with other donors?
6. How can we promote the sharing of knowledge through a new activity?

Each group was led by a facilitator from USAID and assisted by volunteer rapporteurs. The groups were asked to maintain a record of their discussions and to present two or three key recommendations to the larger group (Annex 4). A number of common themes emerged from the discussions and presentations:

1. The need for greater donor coordination;
2. The importance of advocacy;
3. The importance of a multi-sectoral approach;
4. The need for both targeted and comprehensive approaches to achieve adolescent reproductive health outcomes;
5. Fostering a youth development approach that involves youth and considers youth assets;
6. Promoting communications/information exchange;
7. Focusing on scaling-up;
8. Building on data and real experiences;
9. Doing more institutional capacity building;
10. Doing a better job of including the community perspective;
11. More commitment and more money for adolescent reproductive health;
12. Focus programs more on gender equity; and
13. Linking programs more to democracy issues;

Mechanisms for Coordination and Technical Exchange

A staged "provocation" between two USAID participants highlighted the pros and cons of some of the common mechanisms used for an exchange of information aimed at promoting best practices: working groups, conferences, meetings, publications, and the internet. The debate served as a jumping off point to brainstorm ideas for information sharing. Five small groups presented their two or three most important ideas (Annex 5). Among the common themes and recommendations that emerged from the discussion were the following:

1. Making information sharing a higher priority;
2. The need to clearly identify audiences for dissemination and information and to target different products to different audiences;
3. Better use of existing materials and channels for communications; and
4. Giving the new USAID adolescent activity responsibility to act as a clearinghouse for information and dissemination

Conclusions and Next Steps

In the concluding session, Shanti Conly thanked participants and noted that despite the healthy differences in perspectives, there was considerable overlap and many commonalties among the ideas put forth, making it easier to move forward. She went on to highlight some of the key themes that emerged during the day including:

- *Advocacy and Commitment to Reproductive Health.* The need for greater attention to advocacy came through loud and clear and is definitely an area where more work is needed. The decision by UNICEF to choose adolescent well-being as one of the three key themes for the upcoming UN Summit of the Child also represents an important advocacy opportunity. [Bruce Dick of UNICEF extended an invitation to all present to provide him with input in anticipation of the summit, which will be held next year];
- *Youth development approach and multisectoral linkages.* Forging these links presents many challenges for USAID and at this point there are more questions about how to move forward than there are answers. The USAID team plans to spend time on this over the next few months exploring the practicalities of linkages that recognize the many dimensions of adolescents' lives;
- *Gender roles and dynamics are key.* We need, however, to think more about what kinds of interventions are needed; and
- *Mobilizing Financial Resources, Donor Coordination, and Scaling Up.* These themes are closely interwoven and require increased attention. With respect to donor coordination, USAID plans to contact many of the donors on a one-on-one basis in the near future.

Conly then described the next steps in the design process as well as ideas for continued sharing of information:

- *Concept Paper.* USAID staff are continuing to fill gaps in their knowledge, and working towards developing a concept paper for future programming to share with the broader adolescent health community. At the same time, the team will consult with senior PHN center management on the major elements and scope of a new adolescent project;
- *Information Sharing.* A range of dissemination and information sharing activities already are occurring under the FOCUS project. USAID will explore initiating some of the activities suggested at the meeting today under the final year of the project;
- *Future Technical Meetings.* As a way of continuing a more in-depth dialogue around specific technical issues raised in this meeting, Conly solicited ideas from the group for particular topics that might be addressed in periodic half-day or full-day meetings (partly modeled on the successful meetings hosted by the Men and Reproductive Health Subcommittee of the USAID InterAgency Gender Working Group). Topics suggested by Meeting participants include:

  - Explore scaling up issues in depth. What have we learned? What do we need to learn;
  - Education, Livelihood and Reproductive Health. Making the linkages without losing the reproductive health focus;
  - Sexual health (a broader area than reproductive health);

- Evaluation of adolescent reproductive health programs, recognizing that adolescent reproductive health is different from adult health and requires different approaches, different indicators for success, etc.; and
- Hold a yearly meeting to discuss the status of USAID adolescent reproductive health initiatives.

Annexes:

1. Agenda
2. List of Participants and Other Contacts
3. Brainstorm list from large group visioning exercise
4. Priority recommendations to USAID on the design of its new adolescent health activity
5. Priority ideas for coordination and information sharing mechanisms

Moving the Agenda Forward
A one-day forum on adolescent health and development
for USAID external partners and staff
Thursday, June 8, 2000

Agenda

8:30 - 9:00   *Coffee and Sign-in*

9:00 – 9:05   *Welcome and Review of Objectives* (Linda Sussman, USAID Office of Health;
                 Co-Chair, USAID Adolescent Interest Group)

9:05 - 9:15   *Adolescents: A Critical Challenge for USAID* (Paul Hartenberger, Director of the
                 Office of Field and Program Support, USAID Center for Population, Health, and
                 Nutrition)

9:15 – 9:30   *USAID and Adolescent Reproductive Health: Assessment of Programming*
                 Options and Future Directions (Shanti Conly, Office of Population; Co-Chair,
                 USAID Adolescent Interest Group)

9:30 – 10:00   *Approaches to Adolescent Reproductive Health: Moving Forward* (Judith
                 Senderowitz, Consultant on Adolescent Health Programs)

10:00 – 10:15   *Coffee Break*

10:15 - 12:30   *Envisioning the Future: Input to Future USAID Adolescent Programming*

                 10:15 – 10:45 *Large Group Visioning Exercise*
                 10:45 – 12: 30 *Small Group Work Developing Recommendations to USAID*

12:30 - 1:30   *Lunch (participants on their own)*

1:30 – 2:30   *Continuation of Envisioning the Future: Small Groups Report Out*

2:30 - 4:30   *Sharing Technical Knowledge and Program Experiences*

                 2:30 – 2:45 *Introduction*
                 2:45 – 4:00 *Small Group Work Generating Ideas for Inter-Agency*
                        Exchange
                 4:00 – 4:30 *Small Groups Report Out*

4:30 - 4:45   *Wrap-Up and Next Steps:* USAID Staff

ANNEX 2

Participant List

Abt Associates
Pielemeier, Nancy

Academy for Educational Development
Baker, Jean
Blair, Caroline (SARA Project)
Chappell, Christina
Prysor-Jones, Suzanne
Rajabiun, Serena
Rihani, May
Rosenbaum, Julia

Advocates for Youth
Cheetham, Nicole
Wagoner, James

Affinity Group
Mazur, Laurie
West, Sidney

AIDS Social Marketing (AIDSMark)
Population Services International
Clancy, Peter

American College of Nurse Midwives
Vivio, Donna

AVSC
Bakamjian, Lynn
Gardner, Sara
Wegner, Mary Nell

CARE
Cardenas, Carlos

The Center for Applied Research & Technical Assistance
Lynn Peak, Geri

**Center for Development and
Population Activities (CEDPA)**
Chauhan, Seema
Hanson-Swanson, Julie
McCharen, Nancy
Rulon, Kathy

Center for Health & Gender Equity
Greene, Margaret

Centers for Disease Control and Prevention
Martin, Chad
Morris, Leo

Commercial Market Strategies Project (CMS)
Cuellar, Carlos

Council of Global Health
Partlow, Mary

Demographic and Behavioral Sciences Branch-NIHCD
Newcomer, Suzanne

Development Associates
Buchsbaum, Lori
Dennison, Ed

Family Care International
Brazier, Amy
Sheffield, Jill

Family Health International
Feinberg, Madaline
Lamptey, Peter   (IMPACT)
Larivee, Carol
Lewis, Joanne
Pinel, Arletty
Waszak, Cynthia

FOCUS on Young Adults
Epstein, Sharon
Stewart, Lindsay

The Futures Group International
Cross, Harry
Seligman, Barbara

Bill & Melinda Gates Foundation
Global Health Program
Knight, Amy
Perkins, Gordon

Georgetown University,
Institute for Reproductive Health
Jennings, Victoria
Lundgren, Rebecka

Gender Working Group
DeMarco, Renee
Gay, Jill

Global Health Council -- AIDS Program
MacInnis, Ron

Alan Gutmacher Institute
Rosen, Jim
Seims, Sara

InterAmerican Development Bank
Belle, Ingvilde

International Center for Research on Women (ICRW)
Kurz, Kathleen
Malhotra, Anju
Rao Gupta, Geeta

International Planned Parenthood Federation
Helzner, Judith   (WHR)
Liyanage, Roni
Marriott, Heidi
Meglioli, Alejandra
Senanayake, Pramilla
Townsend, Marcia
Ward, Victoria(WHR)

International Projects Assistance Services
Maguire, Elizabeth
Montague, Ashley

International Youth Foundation
Gerson, Timi
Langan, Patricia
Pezzullo, Susan
Williams, Aaron

INTRAH/PRIME
Kiplinger, Nancy

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Lewis, Gary (Center for Communication Programs)
Payne Merritt, Alice (Population Communication Services Project)
Rimon, Jose (Center for Communication Programs)

JHPIEGO
Allison, Adrienne
McIntosh, Noel

Macro International, MEASURE DHS
Way, Ann

Management Sciences for Health (MSH)
Crone-Coburn, Catherine

University of Minnesota, Division of General Pediatrics
Sucoff McNeely, Clea

National Campaign to Prevent Teen Pregnancy
Brown, Sarah

NGO Networks for Health
Bartlett, Premila
Giorgis, Berkis
Otchere, Susan

The David and Lucille Packard Foundation
Knitt, Debbie

Packard Foundation
Aibe, Sono

Pacific Institute for Women's Health
Pillsbury, Barbara

Pan American Health Organization (PAHO)
Flor, Lourdes
Maddelano, Matilde
Morello, Paola

Pathfinder International
Bond, Kate (FOCUS)
Dumm, John
Edmunds, Marilyn

Peace Corps
Sully, Paul

Planned Parenthood Federation of America
Pawlowski, Wayne

Population Action International
Johnston, Beverly

Population Council
Brady, Martha
McCauley, Ann
Townsend, John
Williamson, Nancy

Population Reference Bureau
Sass, Justine
Smith, Rhonda

Population Services International
Neukom, Josselyn

**Populations Studies Branch, International
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McDevitt, Tom

Program for Appropriate Technology in Health (PATH)
Haffey, Joan
Wilson, Anne

**Quality Assurance Project, University
Research Co., LLC.**
Senderowitz, Judith
Silimperi, Diana

The Rockkefeller Foundation
Hughes, Jane

Save the Children - NGO Networks
Myers, Diana
Weissman, Amy

Sexuality Information and Education Council the United States (SIECUS)
Pamar, Smita

John Snow, Inc.
Elder, Leslie (Mothercare)
Hessler-Radelet, Carrie
Kenney, Asta Marie
Koblinsky, Marge
Rosche, Tim (FPLM)

Soros New York
Matic, Srdjan
Schwalbe, Nina

Marie Stopes International
Olds, Suzanne

The Summit Foundation
Macieira, Marjorie

Training Resources Group (TRG)
Herman, Joni

Tulane University
Bertrand, Jane
Magnani, Robert

TVT Associates, Inc.
Lionetti, Denise

Urban Institute
Lindber, Linda

UNICEF
Bull, Nicola
Dick, Bruce

United Nations Population Fund (UNFPA)
Barcelona, Delia

Urban Institute
Lindber, Linda

USAID
Agulefo, Ijeoma
Anderson, Sigrid
Chatterji, Minki
Conly, Shanti
Frick, Diana
Gage, Anastasia
Harbison, Sarah
Hartenberger, Paul
Horn, Marge
Lazear, Mary Jo
Marrengane, Ntombini
Norton, Maureen
Ringheim, Karen
Shelton, Jim
Stewart, Krista
Sussman, Linda
Welch, Karen

Wallace Global Fund
Rich, Susan

World Bank
Loudiyi, Dounyia
Sharma, Rashmi

World Health Organization
Bose, Krishna
Ferguson, Jane

ANNEX 3

Morning Working Session: *Envisioning the Future: Input to Future USAID Adolescent Programming*

Large Group Exercise

Individual answers to the question, *What is your vision of the state of adolescent health five years from now?*

1. Programming for adolescent health and well-being is based on good empirical data
2. Adults are informed and comfortable informing young adults about sex
3. Young adults hear and make responsible decisions
4. Youth are part of the solution, not "the problem," and are totally involved in all aspects of programs
5. Donors commit a reasonable amount money to adolescent health and coordinate funding and programming
6. Provider and advocate attitudes are the same publicly and privately
7. Youth has access to safe contraceptive choices at all times
8. Each country reports on the status of its adolescents using consistent indicators and clear targets
9. The "Masters of the universe" understand that adolescent reproductive health is not as simple as immunization
10. Adults are advocates for adolescent health and follow the dictum "do no harm!"
11. Condom use is fun
12. Programs do useful evaluation and share their results
13. Adolescent boys and girls have access to education and control over their reproductive lives
14. Consistency across countries, regions, youth can share (e.g. through information technology)
15. Youth and adults design programs in partnership
16. Adolescent reproductive health is a part, but an important part of adolescent well-being
17. Gender-based violence targeting boys and girls is taken seriously
18. Governments enforce all international treaties on eliminating sexual abuse against boys and girls
19. South-North cooperation takes place in the adolescent health area
20. Religious organizations are advocates for adolescent health, human rights mainstreamed
21. All adolescents have access to safe and legal abortion
22. ARH Programs linked and integrated to "full service" programs
23. Youth use "safe sex" practices
24. Sex education at primary and junior high level
25. Each adolescent has a trusted adult in their life
26. There exists a new wave of youth-invented, non-traditional programming
27. Young people know their reproductive health options
28. Funds are available to promote South-to-South discussions and approaches
29. Where legal, adolescents have access to abortion services
30. New reproductive health and AIDS prevention technologies designed specifically with youth in mind are available

31. All adolescents have good nutritional status
32. Less female genital mutilation among young girls
33. Boys and girls respect each other and have the means to follow through on that respect
34. Adolescent reproductive health programs work together with STD and HIV/AIDS programs
35. The sexual trafficking of girls and boys is extinct
36. The U.S. Congress supports efforts to improve adolescent health
37. All countries have adolescent reproductive health policies that define responsibilities and are linked to resources
38. Financial resources and skills for young people
39. Adolescent girls determine for themselves when and how to have sex
40. The Cairo and Beijing actions plans are operationalized
41. Young adult reproductive health is given emphasis by other sectors—not just the health sector
42. Explicit attention is given to married adolescents
43. Street children are receiving attention
44. The mass media are committed to promoting healthy youth and projecting a positive image of adolescents
45. Program managers and policymakers have the leadership capacity to take on adolescent reproductive health issues in a holistic way
46. Substance abuse among young people is less

ANNEX 4
Small Group Exercise: *Priority Recommendations to USAID for its New Adolescent Activity*

Participants in the small groups responded to and discussed the following questions:

1. What should be the priority tasks of a specialized adolescent health activity?

2. What are the best ways to link a specialized adolescent health activity with other adolescent initiatives within the Center for Population, Health, and Nutrition and with USAID regional and bilateral programs?

3. What should be the scope of a new specialized activity? Should USAID limit it to reproductive health or include other health activities and even linkages to other sectors outside of health, such as education and youth livelihoods?

4. How should a new activity address gaps in our knowledge about adolescent programming?

5. Where should USAID put its limited resources vis-a-vis other donors (including private foundations)? How can it better coordinate with other donors?

6. How can we promote the sharing of knowledge through a new activity?

The following reflect each group's priority recommendations.

Group 1
Facilitator: Dianna Frick
Rapporteur: Kathleen Kurz, International Center for Research on Women

Priority Recommendations

- *As an overall recommendation, the project should use an adolescent development approach to achieve ARH and well-being outcomes.* There are many things that we thought could be part of an adolescent development approach, including being:
  - Assets-based
  - Rights-based
  - Livelihood-based
  - Education-based

- *Continue and expand policy work to promote an enabling environment.* We know that the FOCUS project and Policy Projects are already doing this sort of work and the idea is build on the experiences and move forward in terms of advocating in-country and in coalitions and moving forward in terms of both formal and informal policies. We want even more of that. Because we think that in order for ARH to be more than just very small programs that don't reach very many adolescents, there needs to be more constituency-building and policy and

advocacy communications kinds of approaches to make it take off.   We'll never scale up without the political will to scale up. Constituency-building also needs to take place here in the United States.

- *Establish mechanisms within the project to actively consult with partners (broadly)*
  - Other donors in this field. There could be much more communication. We know it's a lot of work but we think it's really important.
  - Local NGO's and Cooperating Agencies
  - Governments
  - Clients

- *We also agree with the framework and 3 recommendations put forth earlier by Judith Senderowitz that include*:
  - Improving adolescent knowledge skills, attitudes, self-efficacy
  - Fostering an enabling environment
  - Improving adolescent health-seeking and safer sex practices

- *Research, evaluation, and dissemination should all be key project components*. Research should include all kinds—surveillance, operations research, pre/post studies, etc.

Group 2
Facilitator: Krista Stewart
Rapporteur: Susan Rich, Wallace Global Fund

<u>**Priority Recommendations**</u>

1. *Design project/program based on realities of the USAID structure and operations*
   - Limited funding
   - Have to look at the strengths and constraints of field support/core support and bilateral programs
   - USAID needs to establish mechanisms for multiple donor funding. Lawyers of private foundations need to sit down with the lawyers from USAID and figure out how this can happen

2. *USAID should adopt a strategic approach:*
   - Based on data, based on evidence
   - The strategic approach should be clearly reflected in agency-wide priorities – at AID Washington and at the country level
   - Should be reflected in funding levels and allocations
   - Country selection and target population should be also based on data or based on reasons why
   - Use Performance Improvement/Systems approach to (e.g., improve parent and provider interactions with youth) to optimize program impact

3. Resource Mobilization and Public Relations. USAID should raise the profile of ARH and feature successful programs to mobilize support and raise funds
- Political support, building a constituency here in the United States
- Financial—increasing funding for ARH
- Dissemination "lessons learned"—to learn from our mistakes and from our share of successful programs

4. USAID should take the lead to coordinate multi, bilateral and private donors on ARH to maximize funds and impact.

Group 3
Facilitator: Minki Chatterji
Rapporteur: Seema Chauhan, Center for Development and Population Activities

Priority Recommendations

- *Shift from project mentality to 'bold' comprehensive programming.* To start looking at how you can do adolescent development programming and how to link different sectors. Not necessarily having one organization do everything that young people need, but have linkages and each organization building on their strength. But what goes out to the young people is the whole piece.

- *USAID should promote donor collaboration to 'fit' all pieces of a big picture.* When you design youth programs, look at all the needs of young people, then recognize that not all donors could necessarily fund the entire spectrum of need. However, in collaboration, donors could focus on areas of strategic interest to them. Then we could really have a fit.

- *USAID needs to do more advocacy at these levels:*
  - Government to government. Governments are perhaps ready to take these bold risks and do youth programming. But they need a push. USAID could give this push, encouraging government to implement the UN documents they have already signed on to.
  - USAID to UN agencies. Work within and to the UN agencies to make sure that youth programming is active
  - In-country, Inter-ministerial. USAID missions can promote this collaboration at the country level and help bring different ministries together

- *Develop a communication strategy.* There is a massive need for information exchange.
  - USAID needs to look at appointing a youth coordinator within the PHN center to implement this communication strategy. And that the youth coordinator be a young person themselves.

- *Youth involvement – set up an advisory group.* USAID needs to think of youth involvement from the outset. Right from the design stage if possible. Hearing from young people on the design and through the implementation and evaluation. [In response to a question on how a youth advisory group would work logistically, the following suggestions were made: (1)

bring youth from developing countries together for a week's workshop (done previously under a collaboration with CEDPA and UNFPA to get young people's input on what should go into the Cairo and Beijing documents); (2) take it to a regional and in-country level; (3) have US CAs that work with youth – serving organizations help in the selection of young people to make sure they are not token; (4) set up a *parent's* advisory group to generate ownership of the program]

Group 4
Facilitator: Sigrid Anderson
Rapporteur: Evelyn Landry, AVSC International

Priority Recommendations

- *Needs to be strategic inter-sectoral and interagency (donor) coordination at country and community level.* Identify key age groups, for example the 10-14 age group which is typically neglected.

- *"Unpack" ARH needs at country and community level, prioritizing goals (limited) at community level.*

- *Training of teachers, parents, providers (everyone) about adolescent needs/issues.* Creating a leadership issue, making it the norm to include adolescent issues in all sorts of courses.

- *Ensure adequate long term funding for program implementation.* Talking more about USAID, but also getting funding from different donors is important.

- *To make sure we are evaluating and assessing the costs, quality, and coverage of the programs being implemented.* To promote the institutionalizing of norms to work with youth.

- *Flexibility, creativity and focused program design at the country level!*

Group 5
Facilitator: Anastasia Gage
Rapporteur: Margaret Greene, Center for Health and Gender Equity

Priority Recommendations

- *Closer coordination between STD/HIV prevention and pregnancy prevention efforts.* This point has to do with the politics of working with young people and the need for all of us to think about additional rationales for supporting ARH. STD/HIV prevention is relatively unambiguous and somewhat less politically charged.

- *Advocacy and capacity building for advocacy on Young Adult Reproductive Health.* USAID should be doing advocacy itself and promoting advocacy within the governments and among NGOs it works with.
- *Develop strategies for working with adults on roles they play in Adolescent Reproductive Health.* Adults play many important roles in influencing ARH. For example, in intergenerational sexual relationships where girls have sex with older men. Where are the interventions working with those older men? Addressing the roles of the adults in the lives of adolescents.
- *Develop projects with a view to scaling up.* Also document (+replicate) the process of scaling up. Because scaling up has been such a struggle with so many organizations.
- *Develop programs with young people at the core…rather than institutions.* So much of work on ARH looks at institutions, for example clinics, and thinking how can we fix these clinics and have youth come and use services. Instead of starting with a look at existing institutions, to look at what are the resources that young people use—is it the grandmother; the other girls or boys in the area. Look at what is happening in the lives of young people rather than starting with those institutions that are already petrified.

Comments: In response to question about whether scaling up is really achievable in practice, the rapporteur noted the many programs for adolescents that can be considered "small jewels," that are just wonderful but you can't possibly do on a larger scale because of cost issues. The participant from FOCUS noted that FOCUS is in the process of mailing out a tool on scaling up which will hopefully enlighten people about what scaling up means, where it's happened, and how to do it.

Group 6
Facilitator: Linda Sussman
Rapporteurs, Jill Gay, Consultant and Ann McCauley, Horizons

Priority Recommendations

VISION

We need a framework that incorporates all aspects of adolescence and adolescent well-being.
- *We need to develop this framework with groups outside of USAID and also within USAID across sectors*.
- *The framework would facilitate identification of roles.* Each group and organization could identify their role and how they would interact with other group, and that it would promote cooperation among various groups.
- *The framework would promote collaboration/cooperation*. This approach would let everyone see that their particular piece (micro-credit, etc) is additive to the larger framework. This approach, with each group specializing, might reduce competition. It isn't micro-credit programs or health programs, but both have a place.

PASSION

Advocacy for Adolescents. We want someone—we didn't identify them—passionate about adolescents. We want someone out there advocating, persuading, bringing people along and really making the case for adolescents. We want someone who is a speaker, a real glad-handler, who can get all the organizations we work with and Congress excited about working with adolescents. This person would:
- Collect data and make arguments we haven't made yet, including economic arguments and arguments about the positive contributions of young people.
- See opportunities at all levels

ACTION

Create Specific Guidelines. We do know a lot about this field and we do know some things that are absolutely crucial and that we don't need to do a big literature review and determine whether these issues are important. Therefore we want someone to develop specific action guidelines on some of these really tough issues. Examples of two areas where we need to apply action:

- Gender.
- Youth as a positive force. Let's figure out how youth can be used to change their own world. What lessons can we learn from the positive deviants. How can we apply their experience to help other kids.

Group 7
Facilitator: Karen Welch
Rapporteur: Justine Sass, Population Reference Bureau

Priority Recommendations

- *While the scope should remain focused on ARH outcomes, intermediate results should reflect cross-sectoral strategies as well as more conventional reproductive health strategies.*

- *Lessons learned should be utilized to the maximum by supporting evaluation, TA, capacity building, replication, and advocacy.* Monitoring and evaluation needs to be part of a specialized activity as well as mainstreamed in other activities supported by the PHN Center.

- *This activity should take a leadership role in terms of donor coordination at the country level for both advocacy and information sharing purposes.* USAID may not be the best organization to take on the coordination role at the global level, but may be well-situated to do this at the country level.

ANNEX 5

Afternoon Working Session: *Sharing Technical Knowledge and Program Experiences*

Group 1
Facilitator: Krista Stewart
Rapporteur: Joanne Ashton, Quality Assurance Project

Priority Ideas for Information Sharing

- *Put ideas into a matrix format for planning*. Who needs the information and the means for disseminating the information. Ask these audiences what they need.

Sample Matrix

Dissemination Channel	Target Audience			
	Policy Makers	Donors	Implementers (do program)	Grassroots (use program)
Web				
Policy Reports				
List Serve				
CD ROM				
Videos				
Newsletters				
Editorials				
Personal Communication				
Working Groups				
State of the art training				
Manuals				
Evaluation Reports				

- *Assuring funding to support training in utilization of existing adolescent materials and tools/multiple levels (regional and national)*. The problem is that there are tools out there, but the funding is not there to build on them.

- *Improving/updating/adapting existing tools and materials*. Let's work from those instead of shelving them and losing all the work put into them.

- *Continued dissemination/increase in funding*

- *Evaluate best methods for dissemination*

- *Use existing libraries/clearinghouses*
  - Clearinghouse separated from implementation function in follow-on? (neutral)

- *Need to archive*. There's a real problem getting at information, duplication of information; nobody knows where to find it.

- *Increase exchange of information by decreasing competitiveness between projects*. There was a suggestion to have a clearinghouse to connect information with the right parties. CDC's National Prevention Information Center is a good model. Explore the models available and find one that works in the area of adolescents. There's no way to get around the competition that occurs around the award of the new project. However, once the project is awarded, this sort of exchange mechanism could be built into the new project.

Group 2
Facilitator: Karen Welch
Rapporteur: Geri Lynn Peak, CARTA

Priority Ideas for Information Sharing

- *Look for non-threatening environments for exchange*. It's hard to share negative information. But there are ways around this and to reduce competitiveness. For example the Population Association of America has a psycho-social workshop where you can share works in progress and get feedback. At the APHA annual meeting, the adolescent task force has a journal of negative results, a dinner to talk about the things that failed and what you learned from them. It's important to learn from both mistakes and successes.

- *Create opportunistic, information sharing environments*. Like this very meeting. Like hands-on experiences, spending time to exchange tools and techniques, direct information, get anecdotal commentary, discussions around the table and networking. More than just a traditional rapporteur, a technical journalist is an individual who is catching the essence of discussions by interviewing the participants, catching and archiving the anecdotes and discussion.

- *Create Information for Immediate Access*. Focusing on exchange of information among ourselves.
  - Computer-based: listserves, interactive web sites
  - Access to on-line search engines like Popline
  - Paper-based: reports, newsletters, journals, publications. If we change our values around how we support and pull together people's expertise, then people won't have to show off with the same clearinghouse, and same report that somebody came out with last year or six months. People can put their expertise towards working for the children rather than working for the dollars.

- *Good information costs money.* If you are not committed to paying for it, there are certain things you will not be able to do. That means cheap publications that look tacky with typos on paper falling apart. Same with a web site you can't access or is too slow.

Group 3
Facilitator: Sigrid Anderson
Rapporteur: Timi Gerson, International Youth Foundation

<u>Priority Ideas for Information Sharing</u>

1. Motivations to Exchange Information
- Skills
- Tools
- Resources
- Networking
- Ideas
- Lessons learned
- Diversity (geographic and otherwise) –having meetings in and inviting people from other than capital cities

2. Audience
- Needs to be defined: different methods of communication for different groups, i.e., policy makers, regional meetings (Andean region, etc.), thematic, donors, general public

3. Mechanisms
- In-country information clearinghouse, especially in countries where internet access is difficult
- Web-based
- Peer exchanges
- Study tours—getting a close-up experience with a program
- Conferences (regional and thematic conferences especially; huge conferences can seem overwhelming)
- Have a learning or dissemination positions built into the proposals
- Grassroots sharing
- Per diem for in-country staff participation in conferences, recognizing that people's time needs to be paid for.

4. Funding
- More funding needed for these activities (expensive, but <u>worth it</u>!)

5. Questions

- How to get organizations other than "the usual suspects" to have their voices heard/input?
- How to get input from organizations not part of USAID network?

Group 4
Facilitator: Dianna Frick
Rapporteur: Ntombini Marrengane

<u>Priority Ideas for Information Sharing</u>

- *USAID funded clearinghouses for lessons learned, ongoing projects, consultants and their areas of expertise that is multilingual, international, regional.* A lot of the information is still in English only and we need to be creating and translating more in other languages. This is a barrier to people who don't speak English.

- *A commitment from AID to provide a mechanism for lessons learned to be contributed and shared by different actors – including donors, communities within countries and across regions.* Different approaches for dissemination: peer networks, NGO leaders, publications geared towards strategic, multilevel and intentional sharing of information.   We need to empower communities with more information so that they are more aware of things happening in their own communities, go there and get involved. Not necessarily a regional or national level conference.

- *To share technical information through existing channels (e.g., meetings, conferences.)* People can piggyback on existing conferences, meet separately if need be, continue to share information.

Group 5
Facilitator: Minki Chatterji
Rapporteur: (not recorded)

<u>Priority Ideas for Information Sharing</u>

- *It's time for a coordinated, funded effort at a communication strategy on ARH*
    - Bring together information from programs, studies, etc.
    - Comprehensive, layered web site
    - Periodic assessment of what types of workshops, conferences, etc. are needed (Efforts that have worked in the past are Popline, RHO, Census Bureau)

- *Communication mechanisms must differ by country – Developed Countries, Less Developed Countries, others in which USAID works*
    - Web sites, listserves, technological advanced options may be most efficient in developed countries - linkages and layering needed.
    - Clearinghouses, repositories, workshops, other options need to be considered for LDC's where technologies are not as advanced

- *Different strategies are needed for different audiences*
  - Soundbites for policy makers
  - Technical detail – papers, workshops, internet, synthesis documents, datasheets for technical specialists
  - Periodic, simple newsletters, videos or other communications for field staff
  - Creative technological and media, folk means of information for young people